

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	E.A.		
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

Claim	Date
Final	
Original	
1 11	8/3/51
2 12	8/3/51
3 13	8/3/51
4 14	8/3/51
5 15	8/3/51
6 16	8/3/51
7 17	8/3/51
8 18	8/3/51
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37 47	8/3/51
38 48	8/3/51
39 49	8/3/51
40 50	8/3/51

Claim	Date
Final	
Original	
1 51	8/3/51
2 52	8/3/51
3 53	8/3/51
4 54	8/3/51
5 55	8/3/51
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45 95	8/3/51
46 96	8/3/51
47 97	8/3/51
48 98	8/3/51
49 99	8/3/51
50 100	8/3/51

If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**